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ABSTRACT

This paper aims to help service providers more accurately identify specific areas of need and effective accommodations for postsecondary students with learning disabilities, through interpretation of previously prepared diagnostic reports combined with informal interview and assessment techniques. The paper discusses the factors to consider in determining the appropriateness of diagnostic reports, what to look for in diagnostic reports, reasons for providing accommodations for student with learning disabilities, evaluation data necessary to determine appropriate support services, and techniques for sorting data into a useful format. A Student Profile Summary Chart is used to identify pertinent data from psychoeducational and neurological reports and to match individual student needs with appropriate support services. A list of instructional accommodations and program modifications is provided. Includes 14 references. (JDD)

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Interpreting LD Diagnostic Reports for Appropriate Service Delivery

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Paper presented at the AHSSPPE International conference, Seattle, Washington, August 12, 1989

Running head: INTERPRETING LD DIAGNOSTIC REPORTS

Interpreting LD Diagnostic Reports For Appropriate Service Delivery

Abstract

Postsecondary service providers with minimal knowledge regarding learning disabilities and/or assessment are often faced with the dilemma of determining appropriate support services based on previous diagnostic reports. In many instances it is not always feasible to provide extensive diagnostic evaluations for each individual. Frequently, service providers must rely on previous diagnostic information and combine it with informal interview and assessment techniques to meet the specific needs of self-identified students. In addition, many of the diagnostic reports that are received by service providers to document a student's learning disability are written by professionals with varied training and backgrounds. This article will demonstrate how service providers can use a student profile chart to identify pertinent data from psychoeducational and neurological reports and use it to match individual student needs with appropriate support services. This process will also help service providers identify critical information that is lacking and suggest informal methods for gathering additional data.

Across the United States and Canada, postsecondary personnel are being called upon to provide effective support services to students with learning disabilities. In a recent position paper entitled, "Issues in Learning Disabilities: Assessment and Diagnosis" (1987), the National Joint Committee on Learning Disabilities (NJCLD) stressed the need for a comprehensive assessment in order to plan an appropriate intervention program. However, with the increasing numbers of students with learning disabilities enrolling in institutions of higher education (Brill, 1987; King, 1988; Ninth Annual Report to Congress, 1987) more extensive evaluations are not always readily available. Although each institution needs to develop a process for providing a comprehensive evaluation for students referred for a suspected learning disability, previous diagnostic data combined with informal interview and assessment techniques can be used to provide appropriate support services for self-identified students.

Once students with learning disabilities have been admitted to a postsecondary institution, diagnostic/prescriptive data must be carefully evaluated to determine whether services to be provided should include individualized instruction, remediation, compensatory strategies, or tutorial support in specific coursework (Vogel, 1987). Frequently, however, in settings where there is no formal LD Program, the most pressing issue for LD service providers is determining appropriate instructional and testing accommodations. This can be problematic when considering the great diversity of professionals involved in postsecondary learning disability support services (Norlander & Shaw, 1988) as well as the wide range of professionals from many disciplines involved in LD assessment (Johnson, 1987).

While many postsecondary institutions may indeed provide support services for students with learning disabilities, professionals responsible for these services may not have the time, expertise, or resources available to accurately match support services with individual student needs. For example, in a survey to identify the roles and functions of coordinators of handicapped services, Michael, Salend, Bennett, & Harris (1988) reported that while 73 % of the respondents indicated that they provided services to students with learning disabilities, only 33% indicated that they helped students receive specialized testing adaptations. Thus, students with learning disabilities may not be receiving the quality of support services that they require. Ideally, students with learning disabilities should be able to identify and explain their learning strengths and weaknesses and make arrangements for their own accommodations; however, this requires an in-depth understanding of the diagnostic data as well as self-advocacy skills. Both LD service providers and the students they serve need a process for synthesizing the massive amounts of data necessary to determine appropriate support services.

This synthesizing process requires an understanding of the diverse backgrounds of professionals providing diagnostic reports; an awareness of assessment procedures, standards, and instruments; the ability to identify "good" diagnostic reports; and the ability to identify the evaluation data necessary to document specific accommodations for each student with a learning disability. Once these issues are clear, evaluation data can be sorted into a useful format and matched with appropriate support services for each individual student. This process will facilitate a student's understanding of his/her learning disability and provide a vehicle for developing self-advocacy skills.

Diversity of LD Diagnostic Reports

Although professionals in various disciplines provide diagnostic data regarding learning disabilities, the two most common types of diagnostic evaluations available to postsecondary institutions are psychological (or psychoeducational) and neurological reports. The diagnosticians most commonly preparing these reports are psychologists, neuropsychologists, school psychologists, or special educators. LD service providers need to be aware of the wide diversity in the focus, training and backgrounds of these professionals when reviewing diagnostic reports. The available data may provide documentation for the diagnosis of a learning disability, but it may not necessarily provide enough specific information to identify appropriate support services needed by the student.

Determining the Appropriateness of Diagnostic Reports

Diagnosing adults with learning disabilities is a complex process (Blalock, 1981; Vogel, 1985). LD adults frequently bring with them a long history of academic problems as well as possible social/emotional difficulties as a result of their learning disability. In the evaluation process, these issues are often difficult to separate because of vast amounts of information as well as a variety of influencing factors. Few assessment instruments are available for specifically diagnosing adults with learning disabilities and therefore many professionals may base their conclusions on tests normed on children or adolescents. An additional concern is that many diagnosticians have not received training in the field of adult learning disabilities and do not include specific academic recommendations in their reports, thus this function is often left to the LD service provider.

Careful examination of an LD diagnostic report can provide valuable information in a number of areas to assist the service provider. Once a student's learning disability has been verified, the most obvious benefit involves identifying pertinent data to document an individual student's accommodations. Through this process, the LD service provider will also be able to determine what critical information is missing from a particular report. As LD service providers become more comfortable with the examination process, they will develop the ability to identify a "good" diagnostic report and will be better able to request specific information from professionals in future reports.

Although many LD service providers will not have a strong background in both learning disabilities and assessment, there are a number of factors that can be considered when interpreting LD diagnostic reports. These factors, listed in Figure 1, were compiled from a variety of experts in the field of assessment and adult learning disabilities, including a statement on assessment and diagnosis from the National Joint Committee on Learning Disabilities (1987), Salvia & Ysseldyke (1988), and Sattler (1988). Additional information regarding the appropriateness of tests and testing procedures can be obtained by consulting the Mental Measurements Yearbooks and Tests in Print 3 (1983) published by the Buros Institute of Mental Measurements.

Insert Figure 1 about here.

What to Look for In Diagnostic Reports

The information presented in LD diagnostic reports can be overwhelming; however, certain characteristics are desirable in a "good" report. Overall, the report should be complete, readable (not full of jargon) and individualized. A variety of acceptable measures, both formal and informal should have been used and all information should be current (within the last 3 years). Both test scores and narrative explanations of the data should be available and the report should include summary and recommendation sections.

A competent diagnostician will include both the abilities and the concerns of a student with a learning disability. In this way, an LD service provider can determine necessary accommodations as well as tap into the student's areas of strengths when designing appropriate support services. It is also important that the student be in agreement with the findings of the evaluation.

Many LD diagnostic reports never explicitly state that the student has a learning disability, but stress the individual's strengths and weaknesses. Clearly, in documenting support services, it is critical for a diagnostician to identify the areas that are impacted by a student's learning disability and to back those conclusions up with hard diagnostic data. However, it is not enough for diagnosticians to simply list areas of concern for students with learning disabilities without also providing suggestions for specific techniques that might allow the student to be successful in a postsecondary setting. If such recommendations are offered, they too should reflect the diagnostic information contained in the report. LD service providers might also want to look for statements regarding the appropriateness of a student's goals or choices based on the diagnostic data

and the evaluator's assessment. For example, is the choice of a career in cartography an appropriate goal for a student with severe visual perceptual deficits? Are alternative suggestions made that incorporate the student's interests as well as abilities?

Reasons for Providing Accommodations

LD service providers must carefully consider the reasons for providing accommodations for students with learning disabilities. While Section 504 of the Rehabilitation Act of 1973 requires that students with disabilities be provided "reasonable accommodations", it does not explicitly state what types of modifications are appropriate. Accommodations shoulimprove a student's chances for success in a postsecondary setting and should create "equal" educational opportunities. However, not all accommodations are necessary for all students with learning disabilities and the need for appropriate accommodations may change with the demands of a particular course, task, or faculty member. Accommodations for students with learning disabilities should be viewed on a continuum and should be evaluated periodically to determine their effectiveness and current relevance. Recommended accommodations should be realistic, not too far out of line with the world of work, and should not compromise the integrity of a course. Ultimately, the goal of support services should be to teach a student how to identify when an accommodation is necessary and how to improve his/her skills so that accommodations may be phased out.

Evaluation Data Necessary to Determine Appropriate Support Services

Data necessary to determine appropriate support services for students with learning disabilities is not always found exclusively in a diagnostic report. LD service providers need to be aware of the types of information available and where that information can be found. Four major categories of information necessary for matching students with learning disabilities and appropriate support services are anecdotal records, student interviews, formal assessment and informal assessment.

Anecdotal records are information previously gathered on a student with a learning disability and may include medical records, educational records (regular and special education reports), and job history information.

The student interview may have been done previously by an admissions counselor, faculty member, or a diagnostician. If sufficient information is not available, the LD service provider may wish to include a student interview as part of the in-take process. Of particular importance are the student's perception of his/her learning problems and study habits that have or have not been successful. For example, a student who has failed a course may be frustrated because of the tremendous amount of time spent studying for exams. Closer questioning of the student's study habits may reveal that he/she was not able to identify key points to review but instead attempted to read over everything several times.

Formal assessment data is usually found in a diagnostic report. Areas of strength, concerns, and academic recommendations should be included. The LD service provider should carefully examine the types of scores reported and be aware of the skills measured to obtain a particular score. Data from diagnostic tests can easily be misinterpreted. For example, Johnson (1987) reports that "if reading comprehension is assessed by

retelling a passage without regard to the subject's conceptualization, auditory receptive and expressive language, as well as decoding, the final assumptions may be inaccurate" (p. 143).

Informal assessment data may be available from a variety of other sources including the LD diagnostic report. LD service providers could also use informal assessment techniques to gather critical missing information. For example, if after reviewing all of the above information, the service provider is still unsure as to the ability of a student with a learning disability to handle college level work, he/she can use informal measures or diagnostic/prescriptive teaching strategies to fill in the gaps. The service provider might ask a student to bring in samples of his/her notes, written assignments or textbooks and can evaluate a student's difficulties by using content material that the student was required to use in a classroom situation. Occasionally, it might be useful to observe the student in a setting that is causing difficulty.

Sorting Data into a Useful Format

Once available data and additional information have been collected, the LD service provider can organize the information on a composite chart such as the Student Profile Summary Chart (Figure 2). This chart identifies abilities and concerns relative to a student's performance at a particular postsecondary institution rather than identifying statistically significant strengths and weaknesses. Columns are labeled to include both formal and informal data as well as a section for recording specific accommodations and recommendations. This chart can be completed by the LD service provider with or without the student and can serve as a record for both of them in terms of understanding a student's learning disability and making future accommodations.

Insert Figure 2 about here.

Given that many diagnosticians often do not have the training or resources to specify academic accommodations in LD diagnostic reports, LD service providers can use the data from the Student Profile Summary Chart to match a student's individual needs with appropriate support services. Figure 3 provides a list of instructional accommodations and program modifications that might be appropriate for specific areas of weakness. This list is by no means complete and may need to be modified depending upon the support services available on each campus. An LD service provider may be able to verify an academic area of weakness in a diagnostic report and using supportive data from the Student Profile Summary Chart, locate appropriate accommodations or modifications from the list of options. Not all students with learning disabilities will require all accommodations in any one area and care should be made to match a student's specific needs with appropriate accommodations for the demands of each course.

Insert Figure 3 about here.

Summary

Presently, many LD service providers are expected to determine appropriate support services for students with learning disabilities without having the background or knowledge to effectively interpret LD diagnostic reports. Using the Student Profile Summary Chart and the list of instructional accommodations and program modifications, service providers may more accurately identify specific areas of need and effective accommodations for these students.

DETERMINING THE APPROPRIATENESS OF LD DIAGNOSTIC REPORTS

- A variety of procedures & measures should be used
- Procedures used to assess learning disabilities should address the presenting problems (i.e., referral questions)
- Nondiscriminatory assessment procedures should be used
- Standardized tests must be reliable, valid, and have current normative data
- Test and subtest scores must clearly indicate what was measured and how the measurement was obtained
- Performance should be expressed in scores that have the highest degree of comparability across measures (i.e., standard scores rather than developmental scores)
- Documentation of underachievement in one or more areas is a necessary but insufficient criterion for the diagnosis of learning disabilities
- Information and data collected during the assessment must be used to develop educationally relevant procedures, goals and objectives
- Individuals who have conducted the assessments as well as the student should be present when diagnostic decisions are made

Figure 1. Factors To Consider When Interpreting Diagnostic Reports

Student Profile

Student: _____
Reviewer: _____
Date: _____

	Observations & Personal Characteristics	Academic Performance	Cognitive Abilities	Learning/Study Strategies	Achievement Levels	Accommodations & Recommendations
ABILITIES						
CONCERNS						

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Figure 2. Student Profile Summary Chart

INSTRUCTIONAL ACCOMMODATIONS

READING

- extended time
- reader
- taped textbooks
- oral exams
- taped exams
- separate place
- alternate test format

Other_____

WRITING/SPELLING

- extended time
- notetaker
- tape recorder
- oral exams
- computer w/ spell check
- alternate demonstration of mastery
- scribe
- proofreader
- Other_____

LANGUAGE

- extended time
- notetaker
- tape recorder
- oral exams
- computer w/ spell check
- alternate demonstration of mastery
- scribe
- proofreader
- Other_____

MATH

- extended time
- use of calculator
- talking calculator
- separate place
- alternate test format
- Other_____

AUDITORY

- tape recorder
- notetaker
- visual cues
- physical proximity
- Other_____

VISUAL/PERCEPTUAL

- tape recorder
- taped textbooks
- auditory cues
- physical proximity
- extended time
- oral/taped exams
- separate place
- alternate test format
- proofreader
- Other_____

PROGRAM MODIFICATIONS

- extended time to complete a program
- adapting methods of instruction
- course substitution
- part-time rather than full-time study

Figure 3. Instructional Accommodations & Program Modifications

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